U. S. No. 2
(OOM—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24969

Registration District No. 317 Primary Registration District No. 6076. Registrar's No. 1424

1. PLACE OF DEATH:
(a) County St Louis CO
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 66. R.R. 3 Baden Station
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 66. R.R. 3 Baden Sta
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Karl Uitz
3. (b) If veteran, name war
3. (c) Social Security No. 490-12-0402
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Johanna Uitz
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 18 Th 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	2	19	hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)
10. Usual occupation Truck Gardner
11. Industry or business
FATHER 12. Name John Uitz
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Not Knowen
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)
16. (a) Informant Johanna Uitz
(b) Address Highway 66R.R. Baden Sta 1946
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 Th (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.
18. (a) Signature of funeral director Edward Ford
(b) Address 3516 N 14 Th Str
19. (a) 7-8-46 (Date received local registrar) (b) E.G. McDaraw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/6/46 day
year hour minute M.
21. I hereby certify that I attended the deceased from 7/3 1946 to 7/5 1946
that I last saw him alive on 7/5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Augusta Pneumo	
Due to 94-C	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J.J. Chapin (M. D. or other) MD
Address 8321 N Broadway Date signed 7/6/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

, Registered Apprentice, No.

working under my personal supervision.

Signed Ray E Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.